

USCIS
U.S. HOUSE OF REPRESENTATIVES

PRIVACY RELEASE FORM

Please fill out this form so that the office of Congressman Guest can assist you in the matter you describe below. Pursuant to Public Law 93-579, the Privacy Act of 1974, our office cannot assist individuals without their express written consent.

1 Mr. ☐ Mrs. ☐ Ms. ☐ Full Name: _____
Date of Birth: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

For USCIS cases, please provide us with the following information:

Alien Registration #: _____ USCIS Case/Receipt #: _____
Receipt/Priority Date: _____ Place of Birth: _____

2 In the space provided below please give a brief explanation of your reason for requesting assistance from Congressman Michael Guest's office. If necessary please include a separate sheet with additional information. Please attach copies of any supporting evidence.

3 I, _____, hereby request and authorize the Office of Congressman Michael Guest and his staff to intercede on my behalf with any federal agency relevant to the matter described above, including the right to receive any information contained in my file that he or his staff deems necessary, to forward any pertinent correspondence sent by me/us regarding this matter, or any other action I have pending with any federal agency relevant to the matter described above and therefore, waive all rights in the release of any and all related information and records.

I have not contacted an attorney or any other Congressional office regarding this issue. I also understand that this inquiry may not conclude in my best interest. I sign this waiver in good conscience and without mental reservation. I certify under penalty of perjury, that 1) I provided or authorized all of the information in this Privacy Release and any documents submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submit it; and 3) all of this information is complete, true, and correct.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Additional signature required if information is also in spouse/representative/beneficiary's name or if you want our office to share findings regarding your request with a third party, including family member, or friend)

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